

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY <b>DUE DATE:</b>						
1a. CONTACT PERSON FOR THIS ORDER <b>Denis Listengourt</b>				2a. CONTACT PHONE NUMBER <b>(424) 303-6669</b>			3. CONTACT EMAIL ADDRESS <b>dlistengourt@cov.com</b>								
1b. ATTORNEY NAME (if different) <b>Isaac Chaput</b>				2b. ATTORNEY PHONE NUMBER <b>(415) 591-7020</b>			3. ATTORNEY EMAIL ADDRESS <b>ichaput@cov.com</b>								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>Covington &amp; Burling, LLP 1999 Avenue of The Stars, Ste 3500 Los Angeles, CA 90067</b>				5. CASE NAME <b>In re Social Media Adolescent Addiction</b>					6. CASE NUMBER <b>22-md-3047</b>						
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form: use Form CJA24.</u>											
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>Ruth Levine Ekhaus</b>															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
01/25/2024	PHK	DISC		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE				
11. SIGNATURE <b>/s/ Isaac Chaput</b>											01/26/2024				

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